

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

received
3/30/2011

Date Received
Official Use Only

11 APR 11 PM 2:35

Please type or print in ink.

NAME OF FILER (LAST) POUNCE (FIRST) MICHAEL (MIDDLE) N

1. Office, Agency, or Court

Agency Name

CITY OF AVALON

Division, Board, Department, District, if applicable

MAYOR AND TREASURER

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency:

ACTA (HOSPITAL TRUSTEE)

Position:

MEMBER/CHAIRMAN

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of

AVALON

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Assuming Office: Date _____

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3-30-11

(month, day, year)

Signature

received cm
3/30/2011

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MICHAEL FONSE

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE

LEAGUE OF CALIFORNIA CITIES

ADDRESS (Business Address Acceptable)

1400 K STREET

CITY AND STATE

SACRAMENTO CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 04/09/10 - 04/09/10 AMT: \$ 34.21
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: POLICY COMMITTEE MEETING

▶ NAME OF SOURCE

BEST BEST : KRAELER

ADDRESS (Business Address Acceptable)

310 SOUTH GRIFFIN ST 7TH FLOOR

CITY AND STATE

LOS ANGELES CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 09/16/10 - 09/16/10 AMT: \$ 123.24
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: 2010 CCC RETURN

▶ NAME OF SOURCE

LEAGUE OF CALIFORNIA CITIES

ADDRESS (Business Address Acceptable)

1400 K STREET

CITY AND STATE

SACRAMENTO CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 06/18/10 - 06/18/10 AMT: \$ 35.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: POLICY COMMITTEE MEETING

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____